

Appl. No. 10/806,972  
Reply to Office Action of October 3, 2005

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 03 2006

Appl. No. : 10/806,972 Confirmation No. 2337  
Applicant : Donovan  
Filed : March 22, 2004  
Title : BOTULINUM TOXIN THERAPY FOR NEUROPSYCHIATRIC  
DISORDERS

TC/A.U. : 1600/1645  
Examiner : Portner, V.A.

Docket No. : 17500CON(BOT); D3170-CON  
Customer No. : 33197

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 703-872-9306, on the date indicated below.

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

February 3 2006  
*[Signature]*

AMENDMENT AND PETITION FOR ONE MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Office Action of October 3, 2005. A response was due January 3, 2006. Applicant hereby petitions for a one-month extension of time. A response with a one-month extension of time is due February 3, 2006. The Commissioner is hereby authorized to charge the extension of time fee (\$120.00) to Deposit Account No. 01-0885. Accordingly, this response is being timely filed. In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

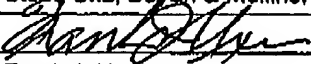
02/06/2006 LWONDIM1 00000011 010885 10806972


01 FC:1251 120.00 DA

<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/806,972
		Filing Date	3/22/2004
		First Named Inventor	Donovan
		Group Art Unit	1645
		Examiner Name	Portner, VA
Total Number of Pages in This Submission	10	Attorney Docket Number	D-3170con

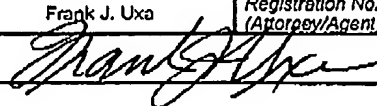
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	2/3/2006	Reg. No.	25,612

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Janet McGhee	Date	2/3/2006

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<b>FEE TRANSMITTAL for FY 2005</b>		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	10/806,972
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Filing Date	3/22/2004
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120		First Named Inventor	Donovan
<b>METHOD OF PAYMENT</b> (check all that apply)		Examiner Name	Portner, VA
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		Art Unit	1645
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <u>01-0885</u> Deposit Account Name <u>Frank J. Uxa</u>		Attorney Docket No.	D-3170con
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
<b>FILING FEES</b>	<b>SEARCH FEES</b>	<b>EXAMINATION FEES</b>	
<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Utility	300	500	200
Design	200	100	130
Plant	200	300	160
Reissue	300	500	600
Provisional	200	0	0
<b>Subtotal (1)</b>			<b>0</b>
<b>2. EXCESS CLAIM FEES</b>			
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee Paid (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple Dependent Claims	360	180	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
-20 or HP = _____ x _____			
<small>HP = highest number of total claims paid for, if greater than 20</small>			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
-3 or HP = _____ x _____			
<small>HP = highest number of independent claims paid for, if greater than 3</small>			
<b>Subtotal (2)</b>			<b>0</b>
<b>3. APPLICATION SIZE FEE</b>			
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</small>			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>
-100 = _____	/50 = _____	(round up to a whole number)	x _____ = _____
<b>Subtotal (3)</b>			<b>0</b>
<b>4. OTHER FEE(S)</b>			
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)			
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)			
<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)			120
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)			
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)			
<input type="checkbox"/> 4-month extension of time: \$1580 fee (\$795 small entity discount)			
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)			
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)			
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)			
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)			
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)			
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)			
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)			
<input type="checkbox"/> Request for Continued Examination: \$780 fee (\$395 small entity discount)			
<input type="checkbox"/> Other: _____			
<b>Subtotal (4)</b>			<b>120</b>
<b>SUBMITTED BY</b>			
<b>Name (Print/Type)</b>	Frank J. Uxa	<b>Registration No. (Attorney/Agent)</b>	25,812
<b>Signature</b>			<b>Telephone</b>
			949-450-1750
			<b>Date</b>
			2/3/2006